

Proposal Form

Hotel / Resort / Restaurant

Public & Products Liability Insurance

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's.



IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM.

This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal.

Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

Your Duty of Disclosure

Before You enter into an insurance policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

Your Legal Liability

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

Waiver of Rights

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

Risk Survey

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

Broker

Contact Name

Phone

Fax

Email

Liability Cover Requirements

Period of Cover required from to

Current Limit of Indemnity \$

Expiring Premium \$

Limit of Liability Required A\$5,000,000 A\$10,000,000 A\$20,000,000 other

Optional Excess A\$5,000 A\$10,000

Full Name of Insured(s)

ABN

Trading Name of Establishment (Hotel)	Address of Insured Establishment	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trading Name of Establishment (Bottleshop)	Address of Insured Establishment	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interested Party (ies)

Type of Interest.(Eg L/ord, Financier, Local Council, etc)

Number of Years Trading at this venue

Contact Person

Telephone No

Web Address (If available)

Are you the Property Owner Only? yes no

Are you the Licensee Only? yes no

Are you the Property Owner & Licensee? yes no

Where Are You Based? Rural Surburbia City

Company Information

- Was the Company privately-owned (that is, not publicly-listed) and was incorporated in Australia with limited liability more than 24 months ago? yes no
- In the last two consecutive years, has the Company published reports and accounts which show unqualified reports by independent auditors or accountants? yes no
- In the last two consecutive years, has the Company had net profit (i.e. after tax, interest, etc)? yes no
- In the last two consecutive years, has the Company had any litigation or disputes or contingent or extraordinary liabilities? yes no
- In the last two consecutive years, has the Company had positive net worth (i.e. both balance sheets show that assets exceed liabilities)? yes no
- Does the Company have written procedures, contracts of employment, personnel files, and employee handbook? yes no
- Does the Company minute all grievance and disciplinary hearings? yes no
- Does the Company expect there to be any redundancies or other reductions amongst its employees in the next 24 months? yes no
- Has there been more than 20% of the employees of the Company resign, or made redundant, or dismissed during the last 24 months? yes no
- Does the Company plan to make any amendments to the employee benefits package in the next 24 months nor has done so during the last 24 months? yes no

Bottle Shop

Is it a drive through? yes no

Construction

Estimated Total Value of Building \$

Age of Building years

Building Materials (please mark all that are applicable)

Roof	Tile <input type="checkbox"/>	Iron/Metal <input type="checkbox"/>	Concrete <input type="checkbox"/>	Other <input type="checkbox"/>
Walls	Timber <input type="checkbox"/>	Brick <input type="checkbox"/>	Concrete <input type="checkbox"/>	Other <input type="checkbox"/>
Ground Floor	Timber <input type="checkbox"/>	Stone etc <input type="checkbox"/>	Concrete <input type="checkbox"/>	Other <input type="checkbox"/>
Upper Floor (s)	Timber <input type="checkbox"/>	Steel <input type="checkbox"/>	Concrete <input type="checkbox"/>	Other <input type="checkbox"/>
External Stairway (s)	Timber <input type="checkbox"/>	Steel <input type="checkbox"/>	Concrete <input type="checkbox"/>	Other <input type="checkbox"/>

No. of Storeys?

No. of Lifts?

No. of Escalators?

No. of Internal Stairways?

No. of External Stairways?

Are the Stairways supported by Handrails? yes no

Common Area/Toilets

Are regular checks made? yes no

How often? (Please Circle) Every 1 / 2 / 3 / 4 hours

Do you fix doors, seats and soap dispensers when required? yes no

Have anti slip tiles and or coatings been placed on floor surfaces? yes no

If No, are there sufficient measure to stop patrons slipping in the toilets? yes no

Are the toilets cleaned regularly? yes no

Lighting

Do you replace light bulbs as soon as possible? (Including Car Park Lighting) yes no

Are stairs and walkways well lit? yes no

Are all uneven areas well lit? yes no

Accommodation

How many bedrooms do you have for letting out or rental?

Max Number of Persons per room?

Do you comply with Government Regulations

yes no

Do you have smoke detectors?

yes no

If yes, Are they?

Hard Wired

Battery Operated

Are the smoke detectors monitored

By a Central Monitoring Station

Locally

Other fire protection (Please provide details)

Electrical

Fuses Circuit Breakers Board Clear Extension Cords New Modern Old

If other, please describe

Is your power/switch board compliant with modern Regulations and requirements?

yes no

When was the last complete check of all wiring, both power and lighting undertaken in the premises?

Have all electrical appliances that plug into power points been checked by a licensed electrician and accordingly tagged in the last twelve (12) months?

yes no

Have all power circuits in your supply from the switchboard been upgraded to have personal earth leakage circuit breakers and/or residential current devices coupled to safety switches?

yes no

Security

Do you have video surveillance of the car park?

yes no

Do you have video surveillance within the Hotel?

yes no

If Yes, how long are surveillance films kept for?

Do you utilise Door Control &/or Security Personnel?

yes no

If YES, do you contract out to Private Firms?

yes no

If yes, it is a condition of coverage that you provide a certificate of the Security Companies liability insurance with your establishment as a named insured on their policy within 30 days of policy inception. Minimum A\$5,000,000 liability cover.

Floors and Surfaces

Are spilt drinks and broken glass cleaned away immediately?

yes no

Do you use signs warning patrons of slippery surfaces or wet areas?

yes no

Do you repair cracked or broken tiles as soon as possible?

yes no

Are torn or ripped carpets mended or replaced as soon as possible?

yes no

Do you keep public walkways and emergency exits free of obstacles?

yes no

Are bar stools fitted with anti slip measures? I.e. rubber feet

yes no

Do you refrain from having extension cords across walkways?

yes no

Carpark & Surrounding Areas

- How many car parking bays are there? n/a
- What type of surface does the car park have? (Bitumen, dirt, etc)
- Are potholes fixed as soon as possible? yes no
- Does your car park have lighting? yes no
- Is the lighting on all night? yes no
- If there are speed-humps are they clearly visible? yes no n/a
- Are Advertising Boards secured? yes no n/a
- Are frequent checks made to ensure that broken glass and rubbish is cleared regularly? yes no n/a
- Are overhanging branches cut when required? yes no

Day to Day

- Do you have a formal incident report procedure in place for injuries sustained on the premises? yes no
- Will you adopt the ASR Underwriting Incident Reporting Document, and notify ASR Underwriting or your broker of all Incidents described in the Document within 24hours? yes no
- Do you agree to complete the Quarterly Premises Inspection Report Form on a monthly basis and keep on file within your premises? yes no
- Are cracked plates and glasses disposed of immediately? yes no
- Do you check bar furniture for rough edges and take action to reduce sharp edges? yes no
- If you have a fireplace do you have a guard to stop embers and falling combustibles? yes no
- Are your air conditioners checked regularly? yes no
- Do you have a basic staff-training program? yes no
- Is public transport available locally or can you supply taxi numbers? yes no

Minimizing Claims Against You

- Do you utilise the ASR Underwriting Incident Reporting Forms? yes no
- Will you send copies to ASR Underwriting as and when incidents occur? yes no
- Do you ensure that all staff are on the alert for intoxicated persons? yes no
- Do you have signs that remind staff and patrons of responsible alcohol consumption? yes no
- Do you and/ or your staff make sure that you do not serve visibly intoxicated patrons? yes no
- Do you have adequate staff to monitor security and clear tables? yes no
- Do you ensure that there is no overcrowding? yes no
- Do you and/ or your staff promote soft drinks? yes no
- Do you have onsite gambling? (eg Poker Machines, Keno, etc) yes no
- Do you and/ or your staff make every endeavour to stop unduly intoxicated people from gambling? yes no
- Do you and/ or your staff make sure that intoxicated persons do not take part in sporting/ physical activities? yes no

TURNOVER/INCOME DETAILS

Please provide your turnover for the following areas

If you provide just one figure for all areas then you will be charged the one rate on your entire turnover. By doing this you will not achieve the lowest possible premium.

	This Year	Last Year
Bar Sales	\$ <input type="text"/>	\$ <input type="text"/>
Bottle Sales from Hotel	\$ <input type="text"/>	\$ <input type="text"/>
Bottle Sales from offsite Bottle Shop	\$ <input type="text"/>	\$ <input type="text"/>
Food / Accommodation /All other	\$ <input type="text"/>	\$ <input type="text"/>
Nett Gaming	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>
Number of Staff	Full Time <input type="text"/>	Part Time <input type="text"/>

HISTORY

Important: If you are in any doubt refer to your broker to ensure all relevant details are disclosed. Any wrong answer you provide may affect your future claims.

Have You ever had any food or health violations against You? yes no

Have You or any persons connected with this insurance ever had a revoked licence? yes no

Have Your or any partner or director:

Been declared bankrupt or had legal proceeding lodged against You? yes no

Had an Insurer that has declined to insure You? yes no

Had an Insurer that has declined to renew Your insurance? yes no

Had an Insurer that has imposed special conditions on Your insurance? yes no

Have You within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property? yes no

After enquiry, are You or any director or employee aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against You or against any of the present or former directors during the last 10 years? yes no

Please provide full details, if any answers to the above questions are Yes.

With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim.

Additional Information

Risk Management

If You have not done so, it is a condition of this insurance that within one (1) week of the commencement of this insurance You must IMPLEMENT and maintain the following: -

Keep an incident report concerning –

- a) Formal complaints from patrons
- b) Patrons who have caused a fight or altercation in Your establishment
- c) Ambulance calls to your premises
- d) Police called to Your premises
- e) Patrons who have slipped and fallen on Your premises
- f) Patrons who have been injured on Your premises

This incident report log should be available for inspection if requested.

DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:

I am authorised on behalf of the Insured(s) to sign this proposal.

I understand that the Duty of Disclosure applies to all Insured(s). The answers are provided on behalf of all persons/entities comprising the Insured(s).

I understand the questions in the proposal.

Whilst some or all of the answers to the questions may not be checked by me I certify they are correct to the best of my knowledge and belief.

Do you consider that your establishment is a good insurance risk? yes no

Please tell us if you think a reduction or loading should be implemented

AUTHORISED SIGNATORY

Dated

NAME OF SIGNATORY

Position

CANCELLATION CHARGES

If we have to cancel the policy due to non-payment of the premium we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts.

Within 1 month of inception:	15% of the quoted premium
Within 2 months of inception:	20% of the quoted premium
Within 3 months of inception:	25% of the quoted premium

Thereafter at terms to be agreed with underwriters.

Please note that in the event of a mid-term cancellation request, we shall require a copy of the written notification evidencing the request. In the case of joint or multiple insureds the person notifying cancellation will need to have the required authority.